1. PLACE	B OF BIRTH		STANDARD CERT	ITAL STATISTICS	_	lered No.	
County	Kila	a kakan pikita kaput katoonnis il pikiki ili boquayat amoug be	nel el papa e plane el 1841 per un cue de la parce 1 de la ches 184 antique	BININGS		***************************************	
	Township			or Village	SF	Ward	
City	Minne		No. S. J. L.	curred in a hospital or institution	on, give its NAME in	stead of street and number)	
	(Penna	Roderia	Nh	supple	ld is not yet named, make mental report, as directed.	
	child I m	inswered ONLY	1. Twin, triplet or oth	er	7. Date . 0	n. 11-1931	4
3. Sex of	// In event		5. No., in order of birti	yle	of birth Month	Day Year	3
///a	births.	PATHER	0. 1011	14.	MOTHER	^	3
8. Full nat		\mathcal{O} . 1	MAN ES	Full maiden name	ilomeno	arouso	3
	" Veon	11 11 11 11 11	any.	18. Residence	Mias	ni 0	
9. Resid	Javal place of about		0	(Usual place of abode) If non-resident, giv	, ,	71	
If nor	n-resident, give pl	ace and state.	uzona.	16. Color or tace		0	1
10, Cole	or or race]	20	ll 24	17. Age at la	st birthday 29 (Years)	-}
<u>}</u>	Nex.	11. Age at last bl	rthday 28 (Year	11		alsa	1
10 814	12. Birthplace (city or place) Jalia Co			18. Birthplace (city or place)			
5 II	State or country)	1	Mex.	(State or country)		<u>1100</u>	
h	upation	··		19. Occupation	,1		
III	re of industry	04 '4.		Nature of Industry	Housen	rse	
		Mule) (a) Born silve	and now living	1 21, Were precs	utfons taken against oph-	
20. Nu	mber of children o	f this mother	. S (b) Boro slive	but now dead	1	92	
	as of time of birt I and including thi		PROLES OF ATTEND	ING PHYSICIAN OR MID	WIFE 12	a. on the cate above stated.	
Iherei	by certify that I at	tended the birth of t	his child, who was	(Born alive or still orn)	ha 10	1. the two same	
· w	hen there was no a	ttending physician	Signature 124	ril M. 10rs	W 11) .KY		
or mil	idwife, then incli- sticuld make this	ttending physician ither, householder, return. A stillborn ther breathes nor	}		Y Ph	ysician or midwife).	
		ther breathes nor of life after birth.	,	Miami. 1	risona		1
	name added from plementai report	Month, day, ye	Addres	W- 14 31	OK,	Thereto	1
5		Registrar	Filed	/H Cey / 19. Y/	-6410	Registrar	